Recertification Report - CARF Accredited Organization

Provider Name			Provider Number	Begin Cert Date	End Cert Date
RENEW			1689716227	9/30/2008	9/30/2009
Organizational Practices	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-compliance	10 out of 10 staff files reviewed (100%) contained documentation of background check results.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-compliance	10 out of 10 staff files reviewed (100%) contained documentation that the staff met the qualifications for the service provided.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-compliance	10 out of 10 staff files reviewed (100%) had evidence of current CPR and 1st Aid certification	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-compliance	8 out of 8 staff files reviewed (100%) contained evidence of current CPI certification.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Suggestion	8 out of 8 staff files reviewed (100%) contained documentation of participant specific training. It is suggested, as a best practice, that any personnel providing assistance during behaviorial interventions or any other support care have documentation of participant specific training relating to that need.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	9 of 16 staff interviewed (56%) were able to articulate functional knowledge of participant specific information for a participant for whom the staff is providing care.	Yes	9/25/2008

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Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Commendation	The provider is commended for the development and implementation of the Learning Management System, which will afford increased opportunity for staff and participants to access educational and informational resources.	No	
Emergency Drills (CARF 1.E.)	Suggestion	Documentation of a variety of drills on a variety of shifts was present. Documentation of follow up to concerns identified during emergency drills was present. The provider is encouraged to review the current system to ensure that each and every location has run all required drills annually.	No	
Emergency Procedures during Transportation (CARF 1.E.)	Recommendation (Systemic)	For 6 vehicles reviewed, 4 of 6 (66%), had emergency procedures available during transport, per the provider's policy as well as per applicable requirements.	Yes	9/25/2008
Internal Inspections (CARF 1.E.)	In-compliance	Documentation of internal inspections was present for the 13 sites reviewed, including documentation of follow up when needed. Frequency of internal inspections met applicable standards.	No	
External Inspections (CARF 1.E.)	In-compliance	Documentation of annual external inspections was present for the 13 service locations reviewed, including documentation of follow up when needed.	No	
Progress made on prior DDD Survey recommendations	In-compliance	With the exception of the issues readdressed in this survey, the provider continues to make progress on recommendations from the previous survey.	No	
Progress made on prior CARF Survey recommendations	Not Reviewed	The Division reviewed this area at the previous site review.	No	
Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Suggestion	The policy and procedure was reviewed and met applicable standards; however, the provider's current policy was not available in all sets of policies and procedures throughout the organization.	No	
Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Systemic)	4 of 16 staff interviewed (25%) were able to articulate functional knowledge of the Division's Notification of Incident Reporting process.	Yes	9/25/2008

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Complaint and Grievance (CARF 1.D.)	In-compliance	The policy and procedure was reviewed and met applicable standards. Documentation of grievances filed during the past year was reviewed, and it indicated that the provider is in compliance with the policy and procedure.	No	
Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	In-compliance	The policy and procedure was reviewed and met applicable standards.	No	
Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	Recommendation (Systemic)	8 of 16 staff interviewed (50%) were able to demonstrate functional knowledge of participant rights and rights restrictions.	Yes	9/25/2008
Behavior Plans (Chapter 45, Section 29)	In-compliance	7 Positive Behavior Support Plans were reviewed, and all met the applicable requirements. The provider is encouraged to continue to work with the waiver specialist in the development of PBSPs.	No	
Restraint standards (Chapter 45, Section28)	Recommendation (Systemic)	The policy and procedure was reviewed and met applicable standards; however, through documentation review, the provider is not implementing the policy in the following areas: 1. No consistent documentation was available to provide evidence of face to face evaluation within an hour of the restraint; 2. Documentation did not consistently provide evidence for team debriefing following every restraint use; 3. Despite having tracking of restraint usage, the provider did not provide evidence of the required data analysis, including the following: *Analysis of patterns of use *History of use by personnel *Contributing environmental and precipitating factors *Assessment of program design contributing factors	Yes	9/25/2008

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	Transportation Requirements (CARF 1.E.9)	Recommendation (Focused)	6 vehicles were reviewed across all service locations. In Sheridan, 3 of 3 vehicles reviewed had expired items in the First Aid kits and the fire extinguishers did not have tags, per the requirement for the type of fire extinguisher present.	Yes	9/25/2008
Participant Specific Reviews	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
Plan of Care (Wyoming Medicaid rules Chapters 4 and 43, Section 8) Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 4 and 43, Section 8) Releases of Information (2.B.) Emergency Information (2.B.)	Medicaid rules Chapters 41, 42	Recommendation (Focused)	Per incident reporting documentation, and participant and staff interviews, Participant #9 is being restricted from the community, including religious participation which is not consistent with the plan of care.	Yes	9/25/2008
	Medicaid rules Chapters 41, 42	Recommendation (Focused)	10 participant files were reviewed, and through a review of provider documentation, observation, and interview, each plan of care was implemented as approved by the waiver with the exception of the following: Per guardian interview, Participant #8 is not accessing the community to a degree that his abilities would allow.	Yes	9/25/2008
	Releases of Information (CARF 2.B.)	Recommendation (Systemic)	10 participant files were reviewed all of which contained releases of information. 4 of the files reviewed did not consistently contain original signatures, were not specific as to the information to be released or to whom it should be released.	No	10/13/2008
	Emergency Information (CARF 2.B.)	In-compliance	10 participant files were reviewed, all of which contained current and thorough emergency information.	No	
	Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	Recommendation (Systemic)	9 applicable participant files reviewed did not consistently include documentation of tracking of progress made on objectives, as required per Chapter 45, Section 11.	No	10/13/2008

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Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Referred to OHCF	10 participant files were reviewed, including documentation of service provision and billing for at least one service area in each file. The documentation and billing reviewed met the documentation standards with the exception of the following: The Residential Habilitation documentation for Participant #1, did not meet documentation standards. Concerns included not consistently documenting "a.m." or "p.m." for time in and out of services, no time out for 2/16/08, and not including the year for 3/2/08 through 3/8/08. This documentation will be referred for review and possible recovery. For January 2008, the provider documented 31		
Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Recommendation (Focused)	units but billed 30. The Supported Employment documentation for Participant #4 did not accurately reflect the time in and out of service on the schedule.	No	10/13/2008
Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Recommendation (Systemic)	Residential Habilitation documentation reviewed did not reflect the full calendar day, per Documentation Standards.		10/13/2008
Other rule or standard, Chapter 45, Section 30	Recommendation (Focused)	Documentation of two internal incident reports for Participant #7,(2/24/08 and 3/31/08) met the requirements to be reported per the DDD Notice of Incident reporting process, and were not reported. These incidents need to be filed by 9/15/08.	No	10/13/2008

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Case Management Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QII Due
	Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 and 43, and DD rule, Chapter 1	In-compliance	10 files were reviewed, and each met the standards for monthly/quarterly documentation. The provider is encouraged to review the Division's resources available on the website and attend upcoming Division training in the future.	No	
	Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	10 participant files were reviewed, and in each, annual and 6 month team meeting notes were present and met applicable requirements.	No	
	Development and Tracking of Objectives (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	For 10 of 10 files reviewed, there was documentation or case managers were able to provide evidence of tracking of objectives. The provider is encouarged to continue to work with the waiver specialist in developing measurable objectives.	No	
	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	Recommendation (Systemic)	During ISC interview, it was reported that monitoring of outside providers consists of checking average unit use rather than verifying the accuracy and content of units and doucmentation.	No	10/13/200

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Residential Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Systemic)	8 residential sites were visited, and all showed evidence of maintaining a healthy and safe environment with the exception of the following: Newcastle: For Group Home #1: The storage shed in which participant belongings are stored does not lock; the siding on the northeast corner of the house presents a laceration hazard; the back door and screen door are in disrepair; the deck is splintered. Gillette: Group Home #2: There is a tripping hazard due to broken cement on the front step; the basement bathroom had a strong mildew odor; a First Aid kit contained some expired supplies; ants were present throughout the home; the emergency diagram in the basement was not posted. For Group Home #3: The southwest bedroom had a strong urine odor. Sheridan: For Group Home #4: Weather stripping is hanging off of the exterior door at end of the hallway; the deep freeze was locked without being addressed in participant plans of care; the southeast bedroom dresser is missing drawer fronts and contained an unsecured oxygen tank.	Yes	9/25/2008
	Organization meets CARF Standards on Community Housing (CARF Section 4.J)	In-compliance	With the exception of where otherwise noted in this report, the provider is meeting these standards.	No	

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	The organization meets the standards in Chapter 45, section 23)	In-compliance	With the exception of where otherwise noted in this report, the provider is meeting these standards.	No	
	Other rule or standard, CARF 2A 19	Recommendation (Focused)	In a Residential Habilitation home setting, it was observed that one staff was interacting with participants in a non-therapeutic and disrespectful manner.	Yes	9/25/2008
Day Habilitiation, Employment Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	The organization meets the standards for Community Integration (CARF 4.E)	In-compliance	The organization meets the standards, as evidenced by documentation review and service observation.	No	
	The organization meets the standards for employment (CARF Section 3 and Chapter 45 Section 23)	In-compliance	The organization meets the standards, as evidenced by documentation review and service observation. The provider is encouraged to continue to work with the waiver specialist to ensure that Supported Employment activities meet the service definition.	No	

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3	Recommendation (Systemic)	Through documentation review and service observation, the provider showed evidence of maintaining a healthy and safe environment with the exception of the following: Gillette: 623 Commercial: In the Day Hab room, a child	Yes	9/25/2008
		safety doorknob prevents people from independently leaving the room and the electric door opener is inoperable; a First Aid kit contained expired supplies.		
		724 Commercial: In the southeast hallway, the floor appears to be buckling underneath the carpet and presents as a tripping hazard.		
		Sheridan: Service Center: There is no carbon monoxide detector; multiple First Aid kits contained expired supplies.		
		Building C, (Day Hab): While the provider reports working on fixing the tripping hazards on the sidewalk and addressing the lack of a sink, these issues still present health and safety risks to the participants and staff; a First Aid kit contained expired contents.		
		Building D (Kares): An electrical outlet child- proofing cover is missing in the storage room; the First Aid kits contained expired supplies.		

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	Organization meets the standards for the service provided (CARF Standards and Medicaid rules)	Commendation	The organization meets the standards at all service locations, as evidenced by documentation review and service observation. The IDEAS program in Sheridan is commended for the energetic and creative nature of curriculum development and service provision, as evidenced through participant enthusiasm and the high degree of expressed satisfaction.	No	
Other Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment (CARF 1.E.10 and WMR Chapter 45, Section 23)	In-compliance	Respite services were able to be observed, and with the exception of where othewise noted in this report, a healthy and safe environment was maintained.	No	
	Organization meets the standards for the service provided (CARF Standards and WMR Chapter 41-45)	In-compliance	For nursing and respite services, as reviewed through observation and documentation review, the provider is meeting the applicable standards.	No	
	Other rule or standard, chapter 45, section 19	Referred to OHCF	For Participant #3, documentation showed that some of the skilled nursing services that were billed were not ordered per the skilled nursing physician orders. This documentation will be referred for review and possible recovery.	No	

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